



Attorney Ref.: 039386/130

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Jennifer HILLMAN, *et al.*  
Title: Cell Cycle and Proliferation  
Proteins  
Appl. No.: 10/031,915  
Filing Date: January 18, 2002  
Examiner: Karen CARLSON  
Art Unit: 1653

**AMENDMENT AND REPLY UNDER 37 C.F.R. § 1.111**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

This communication responds to a non-final office action dated March 9, 2004, concerning the above-referenced patent application. The present deadline for response is June 9, 2004. While no other fees are believed due, the PTO is authorized to invoice account No. 190741 for any charges deemed necessary.

**Amendments to the Specification** begin on page 2 of this document.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this document.

**Remarks/Arguments** begin on page 28 of this document.

Please amend the application as follows.

06/09/2004 ZJUHAR1 00000058 10031915

01 FC:1201 86.00 OP  
02 FC:1202 54.00 OP

002.1208030.1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jennifer HILLMAN et al.

Title: CELL CYCLE AND PROLIFERATION PROTEINS

Appl. No.: 10/031,915

Filing Date: January 18, 2002

Examiner: K. Carlson

Art Unit: 1653

AMENDMENT TRANSMITTAL

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	187	-	184	= 3	x \$18.00 = \$54.00
Independent Claims:	4	-	3	= 1	x \$86.00 = \$86.00
First presentation of any Multiple Dependent Claims:				+ \$290.00	= \$0.00
				CLAIMS FEE TOTAL	= \$140.00

[ ] Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

[ X ] A check in the amount of \$140.00 is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

6/8/04

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By

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